

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

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STD 262 (REV 10/92)

CLAIMANT'S NAME John Cruz		SSAN OR EMPLOYEE NUMBER		DEPARTMENT	
POSITION Appointments Secretary		CB/D NUMBER		INDEX NUMBER	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS 1350 Front Street, Suite 6054		TELEPHONE NUMBER	
CITY San Diego	STATE California	ZIP 92101			

MONTH/YEAR 2/10	DATE	TIME	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS				INCIDENTALS	COST OF TRANS.	TYPE USED	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
					BREAKFAST	LUNCH	DINNER					CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
	2.16.10	9:00am	OC to SAC	134.93		8.69				135.70			0.00		279.32
	2.17.10	All Day	SAC	134.93	6.00	5.39		6.00					0.00		152.32
	2.18.10	2:00pm	SAC to OC		4.07			6.00		161.70		83.00	0.00		254.77
	2.23.10	4:00pm	OC to SAC	134.93						161.70		38.50 40.00	0.00		336.63
	2.24.10	All Day	SAC	134.93		6.54	18.00	6.00					0.00		165.47
	2.25.10	7:30pm	SAC to OC			9.25	6.84	6.00		161.70		85.00 87.00	0.00		270.79
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
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													0.00		0.00
													0.00		0.00
SUBTOTALS				539.72	10.07	29.87	24.84	24.00		620.80	0.00	210.00	0	0.00	
COLUMN CODE (ACCTG. USE ONLY)															

CLAIM TOTAL

1454.07 ~~\$1,459.30~~

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

2.16.10 - 2.18.10 - Meetings with staff and stakeholder representatives
2.23.10 - 2.25.10 - Appointments sign time with GAS, interviews with potential appointees

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240534

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

pertaining to vehicle y and seat belt usage

CLAIMANT

DATE

3/3/10

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

3/8/10

SIGNATURE

TITLE OF AUTHORITY FOR SPECI

S

DATE